



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES

AF
S

APPLICANT: Coffman et al. EXAMINER: A. Armstrong
SERIAL NO.: 09/374,374 GROUP ART UNIT: 2654
FILED: August 13, 1999 Docket: YO999-276 (8728-299)
FOR: METHOD FOR DETERMINING AND MAINTAINING DIALOG
FOCUS IN A CONVERSATIONAL SPEECH SYSTEM

Mail Stop: Appeal Brief Patents
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED

DEC 24 2003

Technology Center 2600

TRANSMITTAL OF APPEAL BRIEF

Sir:

Enclosed please find APPELLANTS' APPEAL BRIEF in triplicate.

Please charge Deposit Account No. 50-0510/IBM(Yorktown Heights) in the amount of \$330.00 to cover the appeal fee. Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17, at any time during the pendency of this application, or credit any overpayment of such fee(s), to Deposit Account No. 50-0510/IBM (Yorktown Heights). **TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.**

Respectfully submitted,

Frank V. DeRosa
Reg. No. 43,584
Attorney for Applicant(s)

F. CHAU & ASSOCIATES, LLP
1900 Hempstead Turnpike, Suite 501
East Meadow, NY 11554
Tel: (516) 357-0091
Fax: (516) 357-0092

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence and accompanying documents are being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to the: Mail Stop Appeal Brief Patents, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on December 8, 2003.

Dated: December 8, 2003



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 440.00)

Complete if Known

| | | |
|----------------------|----------------------|------------------------|
| Application Number | 09/374,374 | RECEIVED |
| Filing Date | August 13, 1999 | DEC 24 2003 |
| First Named Inventor | Coffman | Technology Center 2600 |
| Examiner Name | A. Armstrong | |
| Art Unit | 2654 | |
| Attorney Docket No. | YO999-276 (8728-299) | |

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None
 Deposit Account:

| | |
|------------------------|------------------------|
| Deposit Account Number | 50-0510/IBM |
| Deposit Account Name | IBM (Yorktown Heights) |

The Director is authorized to: (check all that apply)

| | |
|--|---|
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input checked="" type="checkbox"/> Credit any overpayments |
| <input type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) | |
| <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. | |

FEE CALCULATION

1. BASIC FILING FEE

| Large Entity | Small Entity | Fee Code (\$) | Fee Code (\$) | Fee Description | Fee Paid |
|--------------|--------------|---------------|---------------|------------------------|----------|
| 1001 | 770 | 2001 | 385 | Utility filing fee | |
| 1002 | 340 | 2002 | 170 | Design filing fee | |
| 1003 | 530 | 2003 | 265 | Plant filing fee | |
| 1004 | 770 | 2004 | 385 | Reissue filing fee | |
| 1005 | 160 | 2005 | 80 | Provisional filing fee | |
| SUBTOTAL (1) | | | | (\$ 0) | |

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

| Total Claims | Independent Claims | Multiple Dependent | Extra Claims | Fee from below | Fee Paid |
|--------------|--------------------|--------------------|--------------|----------------|----------|
| | | | | -20** = | |
| | | | | - 3** = | |
| | | | | | 290 = |

| Large Entity | Small Entity | Fee Code (\$) | Fee Code (\$) | Fee Description | Fee Paid |
|--------------|--------------|---------------|---------------|--|----------|
| 1202 | 18 | 2202 | 9 | Claims in excess of 20 | |
| 1201 | 86 | 2201 | 43 | Independent claims in excess of 3 | |
| 1203 | 290 | 2203 | 145 | Multiple dependent claim, if not paid | |
| 1204 | 86 | 2204 | 43 | ** Reissue independent claims over original patent | |
| 1205 | 18 | 2205 | 9 | ** Reissue claims in excess of 20 and over original patent | |
| SUBTOTAL (2) | | | | (\$) | |

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

| Large Entity | Small Entity | Fee Code (\$) | Fee Code (\$) | Fee Description | Fee Paid |
|---------------------------|--------------|---------------|---------------|--|----------|
| 1051 | 130 | 2051 | 65 | Surcharge - late filing fee or oath | |
| 1052 | 50 | 2052 | 25 | Surcharge - late provisional filing fee or cover sheet | |
| 1053 | 130 | 1053 | 130 | Non-English specification | |
| 1812 | 2,520 | 1812 | 2,520 | For filing a request for <i>ex parte</i> reexamination | |
| 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action | |
| 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action | |
| 1251 | 110 | 2251 | 55 | Extension for reply within first month | 110.00 |
| 1252 | 420 | 2252 | 210 | Extension for reply within second month | |
| 1253 | 950 | 2253 | 475 | Extension for reply within third month | |
| 1254 | 1,480 | 2254 | 740 | Extension for reply within fourth month | |
| 1255 | 2,010 | 2255 | 1,005 | Extension for reply within fifth month | |
| 1401 | 330 | 2401 | 165 | Notice of Appeal | |
| 1402 | 330 | 2402 | 165 | Filing a brief in support of an appeal | 330.00 |
| 1403 | 290 | 2403 | 145 | Request for oral hearing | |
| 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding | |
| 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable | |
| 1453 | 1,330 | 2453 | 665 | Petition to revive - unintentional | |
| 1501 | 1,330 | 2501 | 665 | Utility issue fee (or reissue) | |
| 1502 | 480 | 2502 | 240 | Design issue fee | |
| 1503 | 640 | 2503 | 320 | Plant issue fee | |
| 1460 | 130 | 1460 | 130 | Petitions to the Commissioner | |
| 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) | |
| 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt | |
| 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) | |
| 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR 1.129(a)) | |
| 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37 CFR 1.129(b)) | |
| 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) | |
| 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application | |
| Other fee (specify) _____ | | | | | |

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 440.00)

(Complete if applicable)

| | | | | | |
|-------------------|-----------------|-----------------------------------|--------|-----------|--------------|
| Name (Print/Type) | Frank V. DeRosa | Registration No. (Attorney/Agent) | 43,584 | Telephone | 516-357-0091 |
| Signature | | | | Date | Dec. 8, 2003 |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.